

11 Feb



February 11, 2014

Lance McDermott
1819 S 104th Street
Seattle, WA 98168

Mr. McDermott:

Your placement on enforced leave was the direct result of your refusal to interact with management on the issue of your medical limitations (*i.e.* color blindness). Should you decide that you would like to interact with management, please feel free to contact Jim Norris or Dave Marzec. You continue to have the right to request reasonable accommodation and/or light duty. However, as previously explained, you must avail yourself of one of these options, including a willingness to sit down and discuss your medical limitations, if any, and the impact of your medical limitations on the performance of the essential functions of your job. Absent your participation, management cannot make a proper determination and cannot return you to work. I encourage you to avail yourself of your options.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alexis Delgado".

Alexis Delgado

Manager, Human Resources – Seattle District

CC:

Maintenance Manager Lead – Seattle P&DC
Occupational Health Nurse Administrator (OHNA) – Seattle District
Manager, Labor Relations – Seattle District

A handwritten mark or signature, possibly a stylized "G" or a similar character.

Sent: Monday, February 04, 2013 11:50 AM

To: Norris, Jim J - Tukwila, WA; Foster, Dan L - Seattle, WA

Cc: Picard, David C - Seattle, WA; Abbott, Lance E - Seattle, WA; Marzec, David J - Tukwila, WA

Subject: RE: Lance McDermott

Sensitivity: Confidential

I'm not sure medical screening covers color blindness for a custodial position, I will check. If it is a requirement related to the MPE position - there is no additional medical screening for an employee who is promoted from a PER to my understanding, so the exam may have been the only thing that covered this.

Alexis Delgado

HR Manager (A)

Seattle District

P:253.214.1710

M:303.330.5744

F:651.306.6674

From: Norris, Jim J - Tukwila, WA

Sent: Monday, February 04, 2013 11:09 AM

To: Foster, Dan L - Seattle, WA

Cc: Delgado, Alexis R - Denver, CO; Picard, David C - Seattle, WA; Abbott, Lance E - Seattle, WA; Marzec, David J - Tukwila, WA

Subject: RE: Lance McDermott

Sensitivity: Confidential

660 0006-13 Affidavit D ER 0802 15 May 13

I will have Dave Marzec take the steps from here with EAP and medical. One thing I did notice is that after his casual assignment he became a custodian 3-15-97 and had 5 point veteran preference. He maintained this veteran's preference until 2007 and then was no longer considered a 5 point veteran. I remember around that time frame that HRSSC was re-evaluating everyone's info. Perhaps that is when he lost his 5 point status. It may have even affected his hiring standard if he was claiming 5 point wrongly. Once a career the 5 points does not count towards any test results, only new hire tests. Perhaps the root of his discontenting attitude at work is he lost being considered a preference veteran.

The ability to distinguish colors is a qualification requirement of his position. In fact the position also requires the ability to distinguish shades as well. Based on the year he was promoted to MPE he took the old test which I believe had this. His medical screening should also have checked for any issues with his vision. It could be quite frustrating to have tasks assigned to you if you do not possess the physical ability to do them.

I recommend that the medical staff be reach to see if any such restrictions were disclosed by the employee during screening. Based on that info and if the employee brings current medical to support such will determine what steps we will need to take.

Jim Norris

Maintenance Manager (Lead), Seattle District

(206) 768-4480 (Office)

(206) 240-1586 (Mobile)

From: Foster, Dan L - Seattle, WA

Sent: Sunday, February 03, 2013 10:36 AM

To: Allen, Norman L - Tukwila, WA; Norris, Jim J - Tukwila, WA

Cc: Delgado, Alexis R - Denver, CO; Picard, David C - Seattle, WA; Abbott, Lance E - Seattle, WA

Subject: Lance McDermott

Sensitivity: Confidential

I read the IMIP file. Does McDermott have a history of such behavior or is this a recent development? He is a troubled employee who feels harassed, but is acting inappropriately. I do not see that management harassed him. The other employees support this and find fault with McDermott. He must follow instructions and management is not required to give him instructions in writing nor provide regulations that show he has to follow each instruction.

The question is, other than discipline, is there something else we can try to correct his behavior? I recommend you discuss this with EAP to see what they recommend for intervention. You should contact Wendy Averett at EAP and discuss the matter with her. You can offer EAP to McDermott, but if he refuses to meet with them, you should meet with EAP and seek their advice how to approach this matter. It would be nice to think that having a heart to heart talk with McDermott and show our concern would have some positive effect, but some things go deeper and take ongoing intervention, along with corrective action. When you determine which approach is best suited, you will need to talk with McDermott about these problems and the results of the investigation. Please call me beforehand to discuss.

HWE Investigator Allen

Would it do any good to discuss this with the union to seek their assistance? I see that Cornell might not be of much assistance, but you should try with the Maintenance Craft Director. You might try that and document your efforts.

Regarding his claim to be color blind, I suggest that you instruct him to perform the task and that he would have to bring in medical evidence to show he has this defect and how it affects his work concerning the colored dots. Is he applying the dots as instructed and is he applying the correct color dots?

You should document the interactions that management has with him.

Dan L Foster
Manager Labor Relations(A) Seattle District
Office 253-214-1735 Fax 651-306-6515

LABOR RELATIONS
SEATTLE P&DC



RECEIVED

Step 2 Grievance Decision

OCT 11 2013

October 9, 2013

GSAL-APWU

Installation: Seattle P & DC
Installation Finance #: 54-7618
Grievant's Name: McDermott, Lance
Grievant's EID: 03272132
Incident Date: 9/1/13
Local Union Grievance: MNT-103-13
Management Grievance: E10T-1E-C13332927
Subject: Enforced Leave
Issue Code: 10.5195

Denied

Myrna Umali
President, Seattle APWU
PO 48148
Burien, WA 98148-0148

Dear Ms. Umali:

The above referenced grievance was discussed at Step 2 of the grievance procedure with your representative Lester Cornette on 09/30/13.

Issue: The grievance concerns Management's alleged violation of Article 5, 11, 19 by placing Lance McDermott on Enforced Leave on May 30, 2013. In addition, Lance McDermott was not paid for hours worked on Sunday September 1, 2013 and Holiday leave for September 2, 2013.

Background: Lance McDermott was placed on enforced leave on May 30, 2013, after several failed attempts by management to engage Mr. McDermott in a discussion on whether or not he could safely perform essential aspects of his position, due to a permanent restriction concerning his vision. Specifically, his ability to distinguish between certain colors and shades of color. Management needs to determine if and how this difficulty in distinguishing certain colors impedes him from safely working on the electrical circuits, and wiring of the machinery he works on. Management was made aware of his visual impairment on February 5, 2013 and has been trying to resolve the issue with Mr. McDermott since then.

On September 1, 2013 Mr. McDermott came into the Seattle Priority Mail Annex while on enforced leave. Mr. McDermott was not on the work schedule, and had not contacted Management about his returning to work. He was escorted off the property by the Postal Inspection Service after it was reported to them that his presence there was unauthorized. He had previously been escorted off the premises on July 1, 2013 by the Postal Inspection Service under similar circumstances.

Mr. McDermott is currently appealing his placement on enforced leave to the Merit Systems Protection Board.

Remedy: "Return employee 'back to work immediately' and reimburse 700 hours of annual leave and 250 hours of sick leave for having to use his livelihood. Compensate \$460.00 for 1 September and 2 September 2013 Labor day holiday (16 hours). Have management cease this type action and not to retaliate against employee, even though this will happen, move Supervisor Dow to another facility for he is a detriment to employees and the USPS at the USPS at the PMA. This is his 4th employee he has gone after and all 4 are stewards, (a pattern indeed)."

B

- 2 -

Union Contentions: The Union reiterated its written contentions at the Step 2 meeting. The Union stressed two main contentions at the Step 2 meeting. The first is that Mr. McDermott has been on enforced leave longer than fourteen days and this is a 'constructive suspension' which is appealable to the Merit System Protection Board, and is therefore the enforced leave is procedurally defective. The Union further contends that Yul Melonson, Seattle District Manager, needed to concur with the letter from James Norris, Manager, Maintenance Lead for the Seattle District, placing Mr. McDermott on enforced leave.

The Union also contends that Mr. McDermott should be paid for September 1, 2013, his sick leave reimbursed for that day, and that he be paid 8 hours holiday pay for September 2, 2013 (Labor Day).

Management's Position: The union's arguments were taken into consideration. This is a contract grievance, and as such, the burden of proof rests with the union. The union must show, by the weight of the evidence, that management either (1) violated the clear, express language of the contract, or (2) was arbitrary, capricious and unreasonable in their administration of the contract.

Management contends that this grievance is grossly untimely, and is therefore procedurally defective. Mr. McDermott was placed on enforced leave effective May 30, 2013. In his appeal to the Merit System Protection Board, submitted on 6/25/13 Mr. McDermott indicated that neither he, nor anyone else on his behalf, had filed a grievance under a negotiated grievance procedure provided by a collective bargaining agreement. Then on September 20, 2013 the Union initiated a grievance at Step 1. This date is considerably beyond 14 days of the date (5/30/13) that the employee first learned of its cause.

Management contends that as the Lead Maintenance Manager for the Seattle District, James Norris is the Senior Maintenance official in the district over Mr. McDermott, and that he is the appropriate Manager to issue the letter of proposed placement on enforced leave to Mr. McDermott. Management contends that Mr. Norris is a designee for Mr. Melonson in matters of this nature.

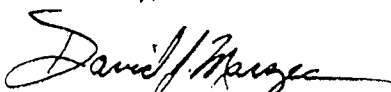
Management contends that Mr. McDermott was not on the schedule to work on September 1, 2013, and he was not authorized to be in the building. Mr. McDermott did not do a begin tour for that day. Mr. McDermott was not assigned any work for that day, and he did not do any work for the time he was in the building. Management contends that given these circumstances, he should not be paid for his unauthorized presence in the building. Mr. McDermott was on enforced leave for this time, and he continues to be on enforced leave at the present time. Management contends that all Mr. McDermott has to do in order to come back to work is to engage in discussions with management in order to evaluate whether or not he can perform the essential functions of his position with or without accommodation. Mr. McDermott has refused to interact with management to resolve this issue, and continues to refuse to do so at this time.

Management contends that the issues related to enforced leave are the subject of an appeal to the Merit System Protection Board, and that a hearing on this matter will be held in the very near future. Management contends that this appeal is the appropriate forum to contest the issue of enforced leave.

Management contends that the Union's arguments did not demonstrate any violation of the contract language and therefore, their burden of proof has not been met.

Decision: Based on the above stated facts, the Union's grievance is hereby **Denied**.

Sincerely,



David J. Marzec, MMO
Step 2 Designee

G

RE: McDermott disability retirement papers

Tuesday, June 04, 2013
7:13 AM

(4)

4 June 15

| | |
|---------|--|
| Subject | RE: McDermott disability retirement papers |
| From | Norris, Jim J - Tukwila, WA |
| To | Dow, Kenneth D - Seattle, WA |
| Cc | Marzec, David J - Tukwila, WA |
| Sent | Monday, May 20, 2013 6:38 AM |

Did he send these in or just handed them to you?

Jim Norris
Maintenance Manager (Lead), Seattle District
(206) 768-4480 (Office)
(206) 240-1586 (Mobile)

-----Original Message-----

From: Dow, Kenneth D - Seattle, WA
Sent: Sunday, May 19, 2013 1:52 PM
To: Norris, Jim J - Tukwila, WA
Cc: Marzec, David J - Tukwila, WA; Dow, Kenneth D - Seattle, WA
Subject: McDermott disability retirement papers

Lance McDermott just gave me these papers

G

3 June 13

From: Sanchez, Alicia F - Seattle, WA
Sent: Monday, June 03, 2013 7:56 AM
To: Dow, Kenneth D - Seattle, WA
Subject: RE: McDermott IOD

3

7:56

What is the full name of employee, and if you know his claim number, that will be helpful.

Do you have any medical that put him off work?

Alicia F. Sanchez
HRM Specialist
USPS Seattle District
Tel: (253) 214-1716
Fax: (253) 214-1819

From: Ngo, Judy P - Kent, WA
Sent: Monday, June 03, 2013 7:27 AM
To: Sanchez, Alicia F - Seattle, WA
Cc: Ngo, Judy P - Kent, WA; Dow, Kenneth D - Seattle, WA
Subject: FW: McDermott IOD

2

7:27

Alicia,

FYI.

Sincerely,

Judy P. Ngo

Judy P. Ngo

USPS Health and Resource Management Specialist

(253) 214-1714 Office

(253) 214-1819 Fax

<http://western1.fws.usps.gov/sites/seattle/HR/HRHRM/Injury%20Compensation/Forms/Injury%20Compensation.aspx>

From: Dow, Kenneth D - Seattle, WA
Sent: Monday, June 03, 2013 7:22 AM
To: Ngo, Judy P - Kent, WA
Subject: McDermott IOD

1

7:22

Hi Judy I need help

Lance McDermott called in for IOD, he was put out on enforced leave on 5/30/2013 (last Thursday), he is now calling in for IOD, I denied the request, Can you forward this to E Sanchez? I can't find her in email?

6

3 June 1

Marzec, David J - Tukwila, WA

From: Dow, Kenneth D - Seattle, WA
Sent: Monday, June 03, 2013 8:59 AM
To: Marzec, David J - Tukwila, WA
Cc: Norris, Jim J - Tukwila, WA
Subject: FW: McDermott IOD

FYI

From: Sanchez, Alicia F - Seattle, WA
Sent: Monday, June 03, 2013 8:54 AM
To: Dow, Kenneth D - Seattle, WA
Subject: RE: McDermott IOD

I've checked the OWCP, AQS records and nothing showed for a claim for this employee.

Ask employee if he wants to file a claim and issue him the proper claim forms. If he does have work restrictions, it will be considered a light duty and if you do not have work to accommodate his restrictions, then he should be sent to DRAC for reasonable accommodations.

If he does file a claim, then you can challenge his claim. He should also provide medical documentation to support his claim.

Alicia F. Sanchez
HRM Specialist
USPS Seattle District
Tel: (253) 214-1716
Fax: (253) 214-1819

From: Dow, Kenneth D - Seattle, WA
Sent: Monday, June 03, 2013 8:21 AM
To: Sanchez, Alicia F - Seattle, WA
Subject: RE: McDermott IOD

Lance P McDermott

We have been dealing with this for around 6 weeks, letters were given to employee for light duty and reasonable accommodations.
the employee will not cooperate so employee was put on enforced leave last Thursday

no claim
no medical
nothing

He has tried to make it FMLA and now he is trying to make it an on the job claim
He is colored blind and he refused to request light duty or reasonable accommodations so he was sent out on enforced leave
He is an mechanic and needs to tell what color wires are for safety

B

403 542
19 June 12

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



OMB Control Number: 1215-0181
Expires: 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A - NOTICE OF ELIGIBILITY]

TO: Lance P Mcdermott EIN 03272132 Case# 110000403542
Employee 1819 S 104TH ST
FROM: FMLA SPECIALIST@ PO BOX 970910 SEATTLE WA 98168 1647
Employer Representative FMLA WESTERN GREENSBORO, NC 27497-0910

DATE: 07/09/2012

On 06/19/2012, you informed us that you needed leave beginning on 06/19/2012 for:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care;
- ☒ Your own serious health condition;
- ☐ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.
- ☐ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- ☒ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- ☐ Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
- ☐ You have not met the FMLA's 1,250-hours-worked requirement.
- ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact FMLA SPECIALIST@877-477-3273 Option 5 Fax 651 -456 -6071 or view the FMLA poster located in YOUR WORK UNIT

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by 07/27/2012. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- ☒ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request X is/ is not enclosed.
- ☐ Sufficient documentation to establish the required relationship between you and your family member.
- ☒ Other information needed: The enclosed DOL Certification form should be completed by the Health Care Provider for this condition. Postal policy requires that employees submit the appropriate DOL form as certification for FMLA protected leave (ELM 515.52 & 515.532)

No additional information requested

H

HRSSC 0045

2012 APR 24 AM 9:06



OMB Control Number: 1215-0181
Expires: 12/31/2011

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact:

Employee's job title:

Regular work schedule:

Employee's essential job functions:

Check if job description is attached:

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name:

First

Middle

Last

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can. Terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address

Type of practice / Medical specialty:

Telephone: (200) 242 6600

Fax: 700

1. Approximate date condition commenced: 11/1/11

Probable duration of condition: Ind. finite

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

4/6/12

Will the patient need to have treatment visits at least twice per year due to the condition? ☒ No ☐ Yes.

Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
☐ No ☒ Yes. If so, state the nature of such treatments and expected duration of treatment:

Neurosurgeon - visits 1-2 x/yr

2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

lifting, pushing, prolonged standing

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Intermittent episodes of pain which will occasionally keep him from work

Tx with medication for nerve

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- ADDITIONAL INFORMATION**
5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☒ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☒ No ☐ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☒ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☒ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: 2 times per 2 week(s) 1 month(s)

Duration: _____ hours or 1 day(s) per episode

ADDITIONAL INFORMATION

H

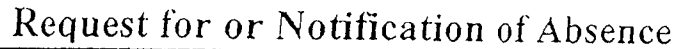
SAC
Signature of Health Care Provider

APR 11 2012
Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

11

PS Form 3971, Dec 2011 (Page 1 of 2) PSN 7530-02-000-9136

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

| Employee: Reason I Was Incapacitated for Duty During This Absence | | Leave Types and Codes (Information Only) | Time Card | FMLA Dep Care | Time Clock | Scheduled | Un- Scheduled | PP | Year | |
|---|--|---|--------------|------------------|----------------|-----------|------------------|--------|-------|-------|
| | | | | | | | | Day | Init. | Hours |
| <input type="checkbox"/> Sickness | <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) | Annual | 55 | | 05500 | | | | | |
| <input type="checkbox"/> On-the-Job Injury | | Annual - FMLA | 55 | 01 | 05599 | | | | | |
| <input type="checkbox"/> Off-the-Job Injury | | Sick | 56 | | 05600 | | | SAT 01 | | |
| <input type="checkbox"/> Exposed to a Contagious Disease | <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) | Sick - FMLA | 56 | 02 | 05699 | | | SUN 02 | | |
| <input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth | | Sick - Dependent Care | 56 | 08 | 05697 | | | | | |
| | | Sick - Dependent Care FMLA | 56 | 07 | 05698 | | | | | |
| Reason I was/will be unavailable for duty during this absence: | | Absent Without Leave | 24 | | 02400 | | | MON 03 | | |
| <input type="checkbox"/> Sick Leave for Dependent Care (See ELM) | <input type="checkbox"/> Placement of a Child with Employee for Adoption or Foster Care | Act of Nature | 78 | | 07800 | | | | | |
| <input type="checkbox"/> Birth of Child / Bonding | <input type="checkbox"/> A Military Family Member's Qualifying Exigency | Blood Donor | 69 | | 06900 | | | TUE 04 | | |
| <input type="checkbox"/> To care for a Family Member (See ELM) | <input type="checkbox"/> To care for an injured or ill Military Family Member | Civil Defense | 77 | | 07700 | | | WED 05 | | |
| | | Civil Disorder | 81 | | 08100 | | | | | |
| | | COP - USPS | 71 | | 07100 | | | THU 06 | | |
| | | COP - USPS - FMLA | 71 | 03 | 07199 | | | | | |
| | | Court Duty | 61 | | 06100 | | | FRI 07 | | |
| | | Donated | 45 | | 04500 | | | | | |
| | | Donated - FMLA | 46 | | 04600 | | | SAT 08 | | |
| | | HQ Authorized Administrative | 79 | | 07900 | | | | | |
| | | Holiday - AL Leave Exchange | 28 | | 02800 | | | SUN 09 | | |
| | | LWOP - Part Day | 59 | | 05900 | | | MON 10 | | |
| | | LWOP - Part Day - FMLA | 59 | 05 | 05999 | | | | | |
| | | LWOP - Full Day | 60 | | 06000 | | | TUE 11 | | |
| | | LWOP - Full Day - FMLA | 60 | 06 | 06099 | | | | | |
| | | LWOP - IOD/OWCP | 49 | | 04999 | | | WED 12 | | |
| | | LWOP - IOD/OWCP - FMLA | 49 | 04 | 04999 | | | | | |
| | | LWOP - Lieu of Sick Leave | 59 or 60 | | 05901 or 06001 | | | THU 13 | | |
| | | LWOP - Maternity | 59 or 60 | | 05905 or 06005 | | | | | |
| | | LWOP - Military | 44 | | 04400 | | | FRI 14 | | |
| | | LWOP - Personal Reasons | 59 or 60 | | 05903 or 06003 | | | | | |
| | | LWOP - Proffered | 59 or 60 | | 05902 or 06002 | | | | | |
| | | LWOP - Suspension | 59 or 60 | | 05906 or 06006 | | | | | |
| | | LWOP - Suspension Pend. Tem. | 59 or 60 | | 05908 or 06008 | | | | | |
| | | LWOP - Union Official | 84 | | 08400 | | | | | |
| | | Military | 67 | | 06700 | | | | | |
| | | Relocation | 80 | | 08000 | | | | | |
| | | Voting Leave | 85 | | 08500 | | | | | |
| | | Other Paid | 86 | | 08600 | | | | | |

1-7 March 13

FMLA Specialist
USPS HRSSC
PO Box 970910
Greensboro, NC 27497-0910

1 March 2013

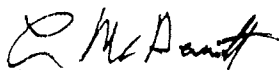
Ref: FMLA Case #110000402232

Dear FMLA Specialist,

I received your letter dated 21 Feb 13 that I called your office on 20 Feb 13 for a serious health condition asking for documentation. I called the USPS automated sick call number for my approved FMLA condition for 20-21 Feb 13 (exhibit 1). I did not call your office and can only assume that my Supervisor SDO Ken Dow did to muddle my approved FMLA leave and further harass me.

On Feb 6, 2013 a Manager Dave Marzec demanded in writing (exhibit 2) that I provide more documentation for my FMLA approved medication condition (Back Pains) and my Color Blindness (non-disability) reported in some EEO Complaints I filed. I did go to my Vision and Back Doctors and complied with the medical documentation demands on my own time and expense. However, MMO Marzec demanded that I fill out a form "Request for Permanent Light Duty Assignment" (exhibit 3) when I did not want Light Duty. I only wanted my Supervisor Ken Dow to stop saving the heavy work for me to do by myself that aggravated by FMLA back problem.

That being the case, **I formally complain** that MMO Dave Marzec and SDO Ken Dow are harassing and retaliating against me for my approved FMLA condition. I can also assume that Management wants me on Light Duty so they can discharge me without notice. MPE Brenda Burke who was on Light Duty for her on-the-job injury and was targeted by the National Reassessment Process (NRP) Committee for discharge. Management has established a pattern of doing this as part of their predatory campaign against weak and injured employees.


Lance McDermott
1819 So 104th ST
Seattle, WA 98168
Cell 206 331-1990
treke@hotmail.com

2013 MAR -7 AM 9:27
11-3500-274-1000

H

<< RESTRICTED INFORMATION >>

United States Postal Service

FMLA Data Report

Report: ERM834R1 v2.006

Current as of: PP 19 Week 02 of 2013

Page 1 of 2

Report run on: 09/19/13 06:24:50

Your Selection Criteria: Employee ID: 9927 Case ID = 110000402232

Case ID: 110000402232

Employee ID: 03272132

Employee Name: MCDERMOTT, LANCE P

Finance #: 547649 SEATTLE PRIORITY MAIL ANX

Pay Location: 715 T-2, MAINT

FMLA Request Date: 06/13/2012

Request Finance #: 547649 SEATTLE PRIORITY MAIL ANX

Leave Instances: 12

Request Pay Location: 715 T-2, MAINT

Last Updated: 02/21/2013

Request User: XHRBJ0

Last Updated By: TWZ200

Action Code: A Approved

Frequency: 1 episode a month

Category Code: 1 Serious Health (Self)

Duration: 1x2 days

Condition Code: 4 Chronic Condition Req. Treatment

Remarks Code:

Review Date:

Action Date From: 06/11/2012

Action Date Thru: 01/10/2014

| Applied Leave: | Start Date | End Date | Hours | Code | Rate |
|----------------|------------|------------|-------|------|--------|
| | 05/23/2013 | 05/25/2013 | 8.00 | U | 055-99 |
| | 05/06/2013 | 05/06/2013 | 8.00 | U | 056-99 |
| | 04/30/2013 | 05/01/2013 | 16.00 | U | 056-99 |
| | 03/20/2013 | 03/21/2013 | 16.00 | U | 056-99 |
| | 02/20/2013 | 02/21/2013 | 16.00 | U | 056-99 |
| | 12/27/2012 | 12/28/2012 | 8.00 | U | 056-99 |
| | 11/14/2012 | 11/15/2012 | 16.00 | U | 056-99 |
| | 10/24/2012 | 10/25/2012 | 16.00 | U | 056-99 |
| | 09/18/2012 | 09/20/2012 | 24.00 | U | 056-99 |
| | 08/14/2012 | 08/15/2012 | 16.00 | U | 056-99 |
| | 07/25/2012 | 07/26/2012 | 16.00 | U | 056-99 |
| | 06/19/2012 | 06/20/2012 | 16.00 | U | 056-99 |

FMLA Comments: 08/01/2013 BCU000 Unavailable for WH-381 Automated Processing

06/17/2013 QRB7M0 Certification Received MedDoc/EEltr/Misc Mail

05/15/2013 K22XQ0 OHS Contact sent documents to OHNA as they do not have anything to do with FMLA

05/13/2013 QRB7M0 Miscellaneous 5/10/13 - 381/Misc Fax

03/11/2013 JY4TM0 Telephone Spoke with ee on 3/11/13 advised this was not the proper avenue to file a complaint about harassment or retaliatory actions by manager/supervisor.

03/07/2013 DRH8H0 Miscellaneous EELTTR MAIL/ MISC MAIL

02/21/2013 TWZ200 Employee Contact EE SENT WH-381 ELIGIBLE NO CERT REQUESTED. CASE EXTENDED TO 01/10/14.

01/03/2013 BCU000 Previously approved with acceptable evidence

07/05/2012 X0JJ80 Telephone Per remedy 5654569 - Informed EE that recent approval is final decision as indicated in the WH382 issued 6/13/12. There is no going back retroactive April absences were denied since he failed to cure prior deficiencies in his first 2 certs for this condition KMilazzo PPS 7/5/12

11 March

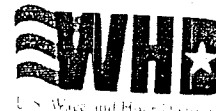


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*Enforced Leave FMLA 11000 10/22/13**10 May 13*

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



OMB Control Number 1215-0181
Expires 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A - NOTICE OF ELIGIBILITY]

TO: Lance P. McDermott EIN 03272132
Employee

FROM: FMLA Specialist Holly @877-477-3273
Employer Representative

DATE: 10 May 2013

On 10 May 2013, you informed us that you needed leave beginning on 18 May 2013 (see attached) for:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care;
- ☒ Your own serious health condition;
- ☐ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.
- ☐ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- ☐ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- ☐ Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
- ☐ You have not met the FMLA's 1,250-hours-worked requirement.
- ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

☒ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ☒ is/ ☐ is not enclosed.

☐ Sufficient documentation to establish the required relationship between you and your family member

☒ Other information needed: Letter from Employer dated 8 May 2013 - enforced leave

☐ No additional information requested

Enforced Leave

H

10 May

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply)

Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We _____ have/_____ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____ (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - _____ the calendar year (January – December).
 - _____ a fixed leave year based on _____
 - _____ the 12-month period measured forward from the date of your first FMLA leave usage.
 - _____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

_____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at _____

☒ Applicable conditions for use of paid leave _____

FMLA Specialist HOLLY told me to fill out the WH381 and fax it to 651-456-6071 to get FMLA coverage for serious medical condition

that my Employer thinks prevents me from doing my job and the "enforced" leave. I have coverage for my bad back #110000402232

Lance P. McDermott, 1819 So 104th ST, Seattle, WA 98168, home 206 763-6268, cell 206 331-1990

L P McDermott 10 May 2013

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

at _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617, 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616, 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

H

B May 13



May 8, 2013

Lance McDermott
1819 S. 104th St.
Seattle, WA 98168

03272132
LANCE P MCDERMOTT
110000402232

By previous communication, I invited you to request light duty and/or reasonable accommodation as a result of information that we received that you have permanent restrictions related to color blindness. I received no response.

As previously explained, your duties involve attending to equipment and wiring. This function requires the ability to distinguish among various colored wires and if you are not able to distinguish among the colored wires, your work can result not only in damage to the equipment but also pose a significant safety risk.

In order to address these concerns, I informed you of your right to request light duty and/or reasonable accommodation. I also informed you that your right to request light duty and/or reasonable accommodation is completely voluntary on your part. However, absent participation in one or the other process, management is unable to conclude that you can perform the essential functions of your position with or without reasonable accommodation. I also advised that your refusal to take advantage of either avenue may result in your placement in an enforced leave status.

As I have received no response and you have previously affirmatively refused reasonable accommodation, I am taking the following, immediate action:

- (1) I am again extending you the option of requesting light duty and/or reasonable accommodation. If you would like to pursue either option, please let me know no later than May 15, 2013; and
- (2) You are hereby prohibited from working on any wiring and performing any duties that requires the ability to distinguish colored wiring.

In addition, this letter shall serve as a proposed notice to place you on enforced leave effective no sooner than ten (10) days from your receipt of this letter. Your placement on enforced leave is being proposed as I am unable to determine that you can work safely due to your color blindness and repeated attempts to engage you have been unsuccessful.

You and/or your representative may answer this notice within ten (10) calendar days from the time of your receipt of this letter, either in person before, or in writing, or both to Jim Norris, Manager, Maintenance. You may also furnish affidavits or other written material to him within the same time limit. After the expiration of this time limit for reply, all of the facts in your case, including any reply you submit, will be given full consideration before a decision is rendered. You will receive a written decision from Mr. Norris.

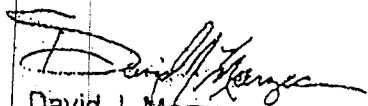
USPS OHS

MAY 17 2013

EXHIBIT

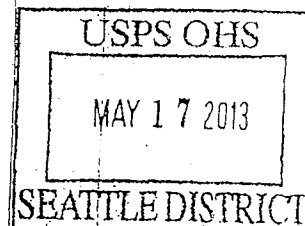
8 May

Thank you, in advance, for your time and attention to this matter. If you have any questions, please feel free to contact me.



David J. Marzec
Manager Maintenance Operations
(206) 768-4474

H



Instance code: 10

V02232
- 05-15

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



OMB Control Number: 1215-0181
Expires: 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A - NOTICE OF ELIGIBILITY]

TO: Lance P Medermott
Employee
EIN 03272132 Case# 110000402232
1819 S 104TH ST
SEATTLE, WA 98147
FROM: FMLA SPECIALIST@ PO BOX 970910 GREENSBORO, NC 27409-0910
Employer Representative

DATE: 02/21/2013

On 02/20/2013, you informed us that

- I - J 2013 for
- ☐ The birth of a child, or placement of a child
- ☒ Your own serious health condition;
- ☐ Because you are needed to care for your _____ parent due to his/her serious health condition.
- ☐ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- ☒ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- ☐ Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
- ☐ You have not met the FMLA's 1,250-hours-worked requirement.
- ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact FMLA SPECIALIST@877-477-3273 Option 5 Fax 651-456-6071 or view the FMLA poster located in YOUR WORK UNIT

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- ☐ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request _____ is/_____ is not enclosed.
- ☐ Sufficient documentation to establish the required relationship between you and your family member.
- ☐ Other information needed: _____

No additional information requested

I

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- ☒ Contact HRSSC _____ at 1-877-477-3273 OPTION 5 to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- ☐ You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- ☐ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We have/ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- ☐ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - ☐ the calendar year (January – December).
 - ☒ a fixed leave year based on THE POSTAL LEAVE YEAR
 - ☐ the 12-month period measured forward from the date of your first FMLA leave usage
 - ☐ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on -- _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have X sick, X vacation, and/or X other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.
- X For a copy of conditions applicable to sick/vacation/other leave usage please refer to THE ELM available at: Intblue.usps.gov
- X Applicable conditions for use of paid leave: ELM 512 - Annual Leave, ELM 513 - Sick Leave ELM 519 - Personal Leave ELM 540 - Workman's Compensation.

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact: FMLA SPECIALIST at PO BOX 970910, GREENSBORO, NC 27497-0910

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.



Request for or Notification of Absence

FMLA 20 Feb 13

Employee's Name (Last, first, M.I.)
MCDERMOTT, LANCE P

Employee ID
03272132

Date Submitted
02/20/2013

No. of Hours Requested
16.00

Installation (For PAI leave, show city, state and ZIP code)
54-7649 - SEATTLE PRIORITY MAIL ANX

N/S Day

Pay Loc #
715

D/A Code
168

From Date
02/20/2013

Hour
06:00

Time of Call or Request
04:51

Scheduled Reporting Time
06:00

Employee Can Be Reached At (If needed)

Type of Absence
☐ Annual
☐ Holiday/AI, LV Exch
☐ Carrier 701 Rule
☐ LWOP (See reverse)
☒ Sick (See reverse)
☐ Late
☐ COP
☒ Other: ISI

Documentation (For official use only)
☐ FMLA Requested (Certification review - HRSSC)
☐ For COP Leave (CAI on file)
☐ For Advanced Sick Leave (1221 on file)
☐ For Military Leave (Orders reviewed)
☐ For Court Leave (Summons reviewed)
☐ For Higher Level (1723 on file)
☐ Scheme Training Testing Qualifying (Memo on file)

Revised Schedule for (Date)
 Begin Work
 Lunch Out
 End Work
 Total Hours

Flow Date
02/21/2013

Hour
14:30

Approved in Advance
☐ Yes ☐ No

Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form.
NOT IOD, FMLA LEAVE - Illness or Injury

I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP.

Employee's Signature and Date
[Signature]

Signature of Person Recording Absence and Date

Signature of Supervisor and Date Notified

Official Action on Application (Return copy of signed request to employee)
☐ Approved
☐ Disapproved (Give Reason below)

Do not check an FMLA box below until you verify the FMLA DESIGNATION:
☐ FMLA Designation is PENDING
☐ FMLA Protected ☐ Not FMLA Protected

Signature of Supervisor and Date

Continued on Reverse

PS Form 3971, Dec 2011 (Page 1 of 2) PSN 7530-02-000-9136

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001)

Employee: Reason I Was Incapacitated for Duty During This Absence
☐ Sickness
☐ On-the-Job Injury
☐ Off-the-Job Injury
☐ Exposed to a Contagious Disease
☐ Pregnancy, Prenatal Care or Childbirth

Undergoing Medical, Dental, or Optical Examination or Treatment (Job related)
☐ Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related)

Reason I was/will Unavailable for Duty During this Absence:
☐ Sick Leave for Dependent Care (See ELM)
☐ Birth of Child / Bonding
☐ To care for a Family Member (See ELM)
☐ Placement of a Child with Employee for Adoption or Foster Care
☐ A Military Family Member's Qualifying Exigency
☐ To care for an injured or ill Military Family Member

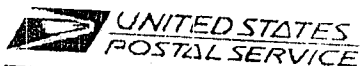
I am requesting FMLA protection for this absence:
☐ This request is associated with a new condition. (You will receive an FMLA packet in the mail with forms and instructions.)
☒ My approved or pending approval Case # for this condition is:
110300402232

Employee must not be asked to disclose personal medical information to local management. FMLA Certification must be mailed to HRSSC.

Additional Documentation is required as follows:

Privacy Act Statement: Your information will be used to administer leave. Election is authorized by 39 USC 401, 404, 1001, 1003, and 1005; and 29 USC 71 et seq. Providing the information is voluntary, but if not provided, we may process your request. Your information may be disclosed as follows:
 relevant legal proceedings; to law enforcement when the USPS or requesting party becomes aware of a violation of law; to a congressional office at your request; to entities under contract with USPS and/or authorized to perform audits; other organizations as required by law; to government agencies regarding personnel matters; and to the EEOC, MSPB or Office of Special Counsel.

| Leave Types and Codes (Information Only) | Time Card | FMLA Dep Care | Time Clock | Scheduled | Un-Scheduled | Day | Int. | Hours |
|--|-----------|---------------|----------------|-----------|--------------|-----|------|-------|
| Annual | 55 | | 05500 | | | | | |
| Annual - FMLA | 55 | 01 | 05509 | | | | | |
| Sick | 56 | | 05600 | | | | | |
| Sick - FMLA | 56 | 02 | 05609 | | | | | |
| Sick - Dependent Care | 56 | 08 | 05697 | | | | | |
| Sick - Dependent Care FMLA | 56 | 07 | 05698 | | | | | |
| Absent Without Leave | 24 | | 02400 | | | | | |
| Act of Nature | 28 | | 02800 | | | | | |
| Blood Donor | 69 | | 06900 | | | | | |
| Civil Defense | 77 | | 07700 | | | | | |
| Civil Disorder | 81 | | 08100 | | | | | |
| COP - USPS | 71 | | 07100 | | | | | |
| COP - USPS - FMLA | 71 | 03 | 07199 | | | | | |
| Court Duty | 61 | | 06100 | | | | | |
| Donated | 45 | | 04500 | | | | | |
| Donated - FMLA | 46 | | 04600 | | | | | |
| HQ Authorized Administrative | 79 | | 07900 | | | | | |
| Holiday - AI, Leave Exchange | 28 | | 02800 | | | | | |
| LWOP - Part Day | 59 | | 05900 | | | | | |
| LWOP - Part Day - FMLA | 59 | 05 | 05999 | | | | | |
| LWOP - Full Day | 60 | | 06000 | | | | | |
| LWOP - Full Day - FMLA | 60 | 06 | 06099 | | | | | |
| LWOP - IOD/OWCP | 49 | | 04999 | | | | | |
| LWOP - IOD/OWCP - FMLA | 49 | 07 | 04999 | | | | | |
| LWOP - Loss of Sick Leave | 59 or 60 | | 05901 or 06001 | | | | | |
| LWOP - Maternity | 59 or 60 | | 05908 or 06008 | | | | | |
| LWOP - Military | 44 | | 04400 | | | | | |
| LWOP - Personal Reasons | 59 or 60 | | 05903 or 06003 | | | | | |
| LWOP - Profiler | 59 or 60 | | 05902 or 06002 | | | | | |
| LWOP - Suspension | 59 or 60 | | 05906 or 06006 | | | | | |
| LWOP - Suspension Pend. Tem. | 59 or 60 | | 05908 or 06008 | | | | | |
| LWOP - Union Official | 84 | | 08400 | | | | | |
| Military | 67 | | 06700 | | | | | |
| Relocation | 80 | | 08000 | | | | | |
| Voting Leave | 85 | | 08500 | | | | | |
| Other Paid | 86 | | 08600 | | | | | |



Request for or Notification of Absence

FMLA 73 May 13

| | | | | | | | | |
|---|--|--|---|---|---|---------------|--|-------|
| Employee's Name (Last, first, M.I.) MCDERMOTT, LANCE P | | Employee ID 03272132 | Date Submitted 05.23.2013 | No. of Hours Requested 8.00 | Sched. Un-Sched. | | PP | Year |
| Installation (For PAI leave, show city, state, and ZIP code) 54-7649 - SEATTLE PRIORITY MAIL ANX | | N/S Day | Pay Loc # 715 | D A Code 168 | From Date 05.23.2013 | Hour 00:00 | Day | Hours |
| Time of Call or Request 04:38 | Scheduled Reporting Time 06:00 | Employee Can Be Reached At if needed | | Thru Date 05.25.2013 | Hour 14:00 | SAT 01 | | |
| Type of Absence <input type="checkbox"/> Annual <input type="checkbox"/> Holiday/AL LV Exch <input type="checkbox"/> Carrier 701 Rule <input type="checkbox"/> LWOP (See reverse) <input checked="" type="checkbox"/> Sick (See reverse) <input type="checkbox"/> Late <input type="checkbox"/> COP <input checked="" type="checkbox"/> Other: <u>ASL</u> | Documentation (For official use only) <input type="checkbox"/> FMLA Requested (Certification review - HRSSC) <input type="checkbox"/> For COP Leave (CA1 on file) <input type="checkbox"/> For Advanced Sick Leave (1221 on file) <input type="checkbox"/> For Military Leave (Orders reviewed) <input type="checkbox"/> For Court Leave (Summons reviewed) <input type="checkbox"/> For Higher Level (1723 on file) <input type="checkbox"/> Scheme Training Testing Qualifying (Memo on file) | | Revised Schedule for (Date) Begin Work Lunch Out End Work Total Hours | | Approved in Advance <input type="checkbox"/> Yes <input type="checkbox"/> No | | SUN 02 MON 03 TUE 04 WED 05 THU 06 FRI 07 SAT 08 SUN 09 MON 10 TUE 11 WED 12 THU 13 FRI 14 | |
| Remarks (Do not enter medical information) Employee should review Privacy Information on the reverse of this form NOT IOD; FMLA LEAVE; DOC REQ - Deems Desirable - Illness or Injury | | | | | | | | |
| I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP. | | | | | | | | |
| Employee's Signature and Date | | Signature of Person Recording Absence and Date | | Signature of Supervisor and Date Notified | | | | |
| Official Action on Application (Return copy of signed request to employee) | | | | | | | | |
| <input type="checkbox"/> Approved | | | | | | | | |
| <input type="checkbox"/> Disapproved (Give Reason below) | | | | | | | | |
| Do not check an FMLA box below until you verify the FMLA DESIGNATION | | | | | | | | |
| <input type="checkbox"/> FMLA Designation is PENDING | | | | | | | | |
| <input type="checkbox"/> FMLA Protected <input type="checkbox"/> Not FMLA Protected | | | | | | | | |
| Continued on Reverse | | | | | | | | |

PS Form 3971, Dec 2011 (Page 1 of 2) PSN 7530-02-000-9130

Warning: The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, U.S.C. 1001.

Sign & Return

| | | | | | | | | |
|---|--|--|-----------|---------------|----------------|------------------|----|------|
| Employee Reason I Was Incapacitated for Duty During This Absence <input type="checkbox"/> Sickness <input type="checkbox"/> On-the-Job Injury <input type="checkbox"/> Off-the-Job Injury <input type="checkbox"/> Exposed to a Contagious Disease <input type="checkbox"/> Pregnancy, Prenatal Care or Childbirth | <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Job related) <input type="checkbox"/> Undergoing Medical, Dental, or Optical Examination or Treatment (Not job related) | Leave Types and Codes (Information on back) | Time Card | FMLA Dep Care | Time Clock | Sched. Un-Sched. | PP | Year |
| | | Annual | 55 | | 05500 | | | |
| | | Annual - FMLA | 55 | 01 | 05599 | | | |
| | | Sick | 56 | | 05600 | | | |
| | | Sick - FMLA | 56 | 02 | 05699 | | | |
| | | Sick - Dependent Care | 56 | 08 | 05697 | | | |
| | | Sick - Dependent Care FMLA | 56 | 09 | 05698 | | | |
| | | Absent Without Leave | 24 | | 02400 | | | |
| | | Act of Nature | 28 | | 02800 | | | |
| | | Blood Donor | 69 | | 06900 | | | |
| | | Civil Defense | 72 | | 07200 | | | |
| | | Civil Disorder | 81 | | 08100 | | | |
| | | COP - USPS | 71 | | 07100 | | | |
| | | COP - USPS - FMLA | 71 | 02 | 07199 | | | |
| | | Court Duty | 61 | | 06100 | | | |
| | | Donated | 45 | | 04500 | | | |
| | | Donated - FMLA | 46 | | 04600 | | | |
| | | HQ Authorized Administrative | 79 | | 07900 | | | |
| | | Holiday - AL Leave Exchange | 28 | | 02800 | | | |
| | | LWOP - Part Day | 59 | | 05900 | | | |
| | | LWOP - Part Day - FMLA | 59 | 05 | 05999 | | | |
| | | LWOP - Full Day | 60 | | 06000 | | | |
| | | LWOP - Full Day - FMLA | 60 | 06 | 06099 | | | |
| | | LWOP - IOD OWCP | 19 | | 01999 | | | |
| | | LWOP - IOD OWCP - FMLA | 19 | 04 | 01999 | | | |
| | | LWOP - Lieu of Sick Leave | 59 or 60 | | 05900 or 06000 | | | |
| | | LWOP - Maternity | 59 or 60 | | 05905 or 06005 | | | |
| | | LWOP - Military | 44 | | 04400 | | | |
| | | LWOP - Personal Reasons | 59 or 60 | | 05903 or 06003 | | | |
| | | LWOP - Proffered | 59 or 60 | | 05902 or 06002 | | | |
| | | LWOP - Suspension | 59 or 60 | | 05906 or 06006 | | | |
| | | LWOP - Suspension Pend. Term | 59 or 60 | | 05908 or 06008 | | | |
| | | LWOP - Union Official | 84 | | 08400 | | | |
| | | Military | 67 | | 06700 | | | |
| | | Relocation | 80 | | 08000 | | | |
| | | Voting Leave | 85 | | 08500 | | | |
| | | Other Paid | 86 | | 08600 | | | |

Privacy Act Statement: Your information will be used to administer leave. Section is authorized by 39 USC 401, 404, 1001, 1003, and 1005; and 29 USC 1 et seq. Providing the information is voluntary, but if not provided, we may process your request. Your information may be disclosed as follows: relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities under contract with USPS and/or authorized to perform audits; labor organizations as required by law; to government agencies regarding personnel matters; and to the EEOC, MSPB or Office of Special Counsel.

I

Notice of Eligibility and Rights &
Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



OMB Control Number: 1215-0181
Expires: 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A - NOTICE OF ELIGIBILITY]

TO: Lance P. McDermott EIN 03272132
Employee

FROM: FMLA Specialist Holly @877-477-3273
Employer Representative

DATE: 10 May 2013

On 10 May 2013, you informed us that you needed leave beginning on 18 May 2013 (see attached) for:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care;
- ☒ Your own serious health condition;
- ☐ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.
- ☐ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- ☐ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- ☐ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
- ☐ You have not met the FMLA's 1,250-hours-worked requirement.
- ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- ☒ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ☒ is/ _____ is not enclosed.
- ☐ Sufficient documentation to establish the required relationship between you and your family member.
- ☒ Other information needed: Letter from Employer dated 8 May 2013 - enforced leave

No additional information requested

I

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- ____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- ____ You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- ____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We _____ have/_____ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- ____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - ____ the calendar year (January – December).
 - ____ a fixed leave year based on _____
 - ____ the 12-month period measured forward from the date of your first FMLA leave usage.
 - ____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____

☒ Applicable conditions for use of paid leave: _____

FMLA Specialist HOLLY told me to fill out the WH381 and fax it to 651-456-6071 to get FMLA coverage for serious medical condition that my Employer thinks prevents me from doing my job and the "enforced" leave. I have coverage for my bad back #110000402232

Lance P. McDermott, 1819 So 104th ST, Seattle, WA 98168, home 206 763-6268, cell 206 331-1990

L P McDermott 10 May 2013

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

at _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617, 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616, 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

I

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number 1235-0003
Expires 2/28/2015

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A - NOTICE OF ELIGIBILITY]

TO: Lance P. McDermott
Employee

1819 S 104TH ST
SEATTLE WA 98168 1647
Employer Representative

Case# 110000501305
EIN 03272132

FROM: FMLA SPECIALIST@ PO BOX 970910 GREENSBORO, NC 27497-0910

DATE: 08/01/2013

On 07/30/2013, you informed us that you needed leave beginning on 07/30/2013 for

- ☒ The birth of a child, or placement of a child with you for adoption or foster care;
- ☒ Your own serious health condition;
- ☐ Because you are needed to care for your spouse, child; parent due to his/her serious health condition;
- ☐ Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on covered active duty or call to covered active duty status with the Armed Forces;
- ☐ Because you are the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness

This Notice is to inform you that you:

- ☒ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- ☐ Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately months towards this requirement.
 - ☐ You have not met the FMLA's hours of service requirement.
 - ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact FMLA SPECIALIST@651-456-6071 Option 5 Fax 651-456-6071 or view the FMLA poster located in YOUR WORK UNIT

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by 08/19/2013. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

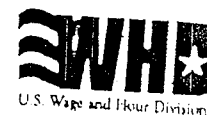
- ☒ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ☒ is/ ☐ is not enclosed.
- ☒ Sufficient documentation to establish the required relationship between you and your family member
- ☒ Other information needed (such as documentation for military family leave). The enclosed DOL Certification form may be completed by the Health Care Provider for this condition. Postal employees are encouraged to submit the enclosed DOL form as certification for FMLA protected leave.
- No additional information requested.

CONTINUED ON NEXT PAGE

DISTANCE CODE TO

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number 1235-0003

Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: FMLA SPECIALIST@651-456-6071 Option 5 Fax 651-456-6071

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: LANCE P MCDERMOTT

First

Middle

Last

EIN: 03272132

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

RIVERTON FAMILY MEDICINE
13030 Military Rd S #210
Tukwila, WA 98168

Tel: 206-242-6500 Fax: 206-246-7946

Type of practice / Medical specialty: Family Practice

Telephone: ()

Fax: ()

Andrew Selby, PA-C

PART A MEDICAL FACTS

1. Approximate date condition commenced:

(for blood, low blood)

hypertension / 2 yrs
anxiety

Probable duration of condition:

lifetime

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

3/29/13 4/10/13 6/13/13 8/14/13

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
☐ No ☒ Yes. If so, state the nature of such treatments and expected duration of treatment:

Psychologist Dr. Seidenman for anxiety

2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

working on colored electrical wiring - employee reduction
of hot metal retention

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Hostile work environment leading to anxiety
which contributed to low hypertension
There is now well involved with medication
and several anxiety

24

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☒ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☒ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Twice yearly

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ No ☐ Yes.

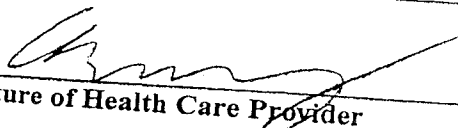
Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☐ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER


Signature of Health Care Provider

8 19 15
Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

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